

CANDIDATE/OFFICEHOLDER CAMPAIGN FINANCE REPORT

3734

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT#
(Ethics Commission filers)

2 Total pages filed:

3

3 CANDIDATE/
OFFICEHOLDER
NAME

TITLE FIRST MI
NICKNAME LAST SUFFIX
SUE A
RAINE

OFFICE USE ONLY

FILED
JAN 15 2 12 PM '98
CLERK
TRAVIS COUNTY, TEXAS

4 CANDIDATE/
OFFICEHOLDER
ADDRESS
 Change of Address

ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE
4815 SPICEWOOD SPRINGS RD
HOUSTON TX 78759

5 CAMPAIGN
TREASURER
NAME

TITLE FIRST MI
NICKNAME LAST SUFFIX
SUE A
RAINE

Receipt # AS
Date Processed
Jan. 15, 1998

6 CAMPAIGN
TREASURER
ADDRESS
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #, CITY, STATE, ZIP CODE
SAME AS ABOVE

7 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(512) 342-0999

8 REPORT TYPE

January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officeholder only)
 July 15 8th day before election Exceeded \$500 limit Final report (Attach C/OH - FR)

9 PERIOD COVERED

Month Day Year THROUGH Month Day Year
1 / 2 / 98 THROUGH 1 / 15 / 98

10 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year
3 / 10 / 98
 Primary Runoff General Special

11 OFFICE

OFFICE HELD (if any) OFFICE SOUGHT (if known)
TRAVIS CO. JUDGE - COMMISSIONERS COURT

13 DIRECT CAMPAIGN
EXPENDITURE
BY OTHER
INDIVIDUALS

** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **

Name
NONE
Address / PO Box, Apt. / Suite #, City, State, Zip Code

additional pages

GOTO PAGE 2

CANDIDATE/OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM COH
COVER SHEET PG 2

14 COH NAME

SUE A. RAINE

15 ACCOUNT #(Ethics Commission files)

16 SUPPORTING POLITICAL COMMITTEE(S)

** This listing includes political expenditures by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures. **

COMMITTEE TYPE

GENERAL

SPECIFIC

COMMITTEE NAME

NONE

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

17 NOREPORTABLE ACTIVITY

Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

18 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$

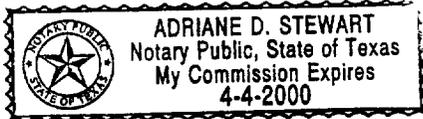
OUTSTANDING LOAN TOTALS

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

19 AFFIDAVIT

I swear, or affirm, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



[Signature]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP/SEAL ABOVE

Sworn to and subscribed before me, by the said Sue A. Raine, this the 15th day of January, 19 98, to certify which, witness my hand and seal of office.

Adriane D. Stewart
Signature of officer administering oath

Adriane D. Stewart
Print name of officer administering oath

Notary Public
Title of officer administering oath

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G:

1

2 FILERNAME

SUE A R A I N E

3 ACCOUNT # (Ethics Commission filers)

4 Date

1/2/98

5 Payee name

SUE A R A I N E

6 Payee address;

City; State; Zip Code

4815 SPICEWOOD SPRINGS RD
HOUSTON TX 78759

8

Amount (\$)

\$1,000⁰⁰

7 Purpose of expenditure

FILING FEE FOR CANDIDACY



Reimbursement from political contributions intended

Date

Payee name

Payee address;

City; State; Zip Code

Amount (\$)

Purpose of expenditure



Reimbursement from political contributions intended

Date

Payee name

Payee address;

City; State; Zip Code

Amount (\$)

Purpose of expenditure



Reimbursement from political contributions intended

Date

Payee name

Payee address;

City; State; Zip Code

Amount (\$)

Purpose of expenditure



Reimbursement from political contributions intended

Date

Payee name

Payee address;

City; State; Zip Code

Amount (\$)

Purpose of expenditure



Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED